

STRATEGIES TO ADDRESS ANTIBIOTIC RESISTANCE (STAAR) ACT

SECTION-BY-SECTION SUMMARY

SECTION 1 – SHORT TITLE

Defines the act as the “Strategies to Address Antibiotic Resistance” (STAAR) Act.

SECTION 2 – TASK FORCE FOR COMBATING ANTIBIOTIC-RESISTANT BACTERIA

Congress established the interagency Antimicrobial Resistance Task Force in 1999, but authorization for the Task Force (Sec 319E, PHSA) expired in 2006. The Task Force was created to coordinate federal efforts to combat antimicrobial resistance and was responsible for developing the Public Health Action Plan to Combat Antimicrobial Resistance.

This section reauthorizes the Task Force through 2028 and clarifies that the Task Force for Combating Antibiotic-Resistant Bacteria (CARB) established through Executive Order 13676 (issued on September 18, 2014) meets the requirements of the section. This section also provides direction and authority for the Task Force to build upon existing programs to promote prevention and track antibiotic use and resistance.

SECTION 3 – ADDITIONAL STRATEGIES FOR COMBATING ANTIBIOTIC RESISTANCE

This section authorizes the CDC to encourage the uptake and measurement of antibiotic stewardship programs in healthcare facilities. Such programs promote judicious use of antibiotic drugs, which is an important measure for preventing emergence of resistant bacteria.

This section directs CDC intramural and extramural programs and laboratories to strengthen capacity to monitor use of antibiotics as well as the emergence of resistant infections. This data will be made publicly available for the purposes of improving the monitoring of patient outcome trends relevant to antibiotic resistance.

This section expands the CDC’s capacity to assess resistance patterns, obtain pathogen isolates, study the epidemiology of resistant infections, evaluate antimicrobial susceptibility testing methods, and develop novel diagnostic tests. The section clarifies that no less than seven sites should be geographically distributed across the U.S. and should not be duplicative.

The National Institute for Allergy and Infectious Disease (NIAID) established a clinical trials network in 2012 focused on antibiotic-resistant bacterial infections. This research network provides infrastructure for studies to enhance, strengthen and expand research on resistance, including clinical science, antibacterial and diagnostic development, and optimal usage strategies. This section strengthens this current initiative by providing statutory authorization of the network.

This section authorizes the CDC to work directly with state health departments to implement prevention collaboratives to help strengthen prevention efforts nationwide. These collaboratives will help interrupt and prevent the transmission of significant antibiotic-resistant pathogens that are easily transmitted across health care settings in a geographic region.

This section authorizes the CDC to intensify and expand academic public health partnerships through the work of the CDC's Prevention Epicenters Program. The CDC's Prevention Epicenters will serve as regional collaboratives to provide tools, strategies, and evidence-based interventions for local and state public health facilities. The CDC and the Epicenters will work in partnership with regional prevention collaboratives to evaluate interventions designed to prevent or limit resistance, facilitate public health research on prevention and control of resistant pathogens, and assess the feasibility, cost-effectiveness, and appropriateness of surveillance and prevention programs in various health care settings.

Lastly, this section extends the programs' authorization through 2028.

SECTION 4 – PROTECTION OF CONFIDENTIAL AND NATIONAL SECURITY INFORMATION

This section clarifies that amendments under the STAAR Act, except as otherwise required by law, do not permit public disclosure of trade secrets, confidential commercial information, or material inconsistent with national security.